Statistical Brief



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Hospice Care in North Carolina

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Hospice care is becoming an increasingly important component of overall medical care in the United States and in North Carolina. In providing active care of patients with advanced, progressive, and incurable disease, hospice care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- does not intend to hasten or postpone death;
- incorporates the psychological and spiritual aspects of patient care;
- uses a team approach to provide a support system for patients and their families;
- enhances quality of life, and may also positively influence the course of illness.

In most cases, hospice care is provided in the patient's own home. Hospice care can also be provided in freestanding hospice facilities, hospitals, nursing homes and other long-term care facilities, and is available to persons of any age, religion, or race. Members of the hospice

team are physicians (including the patient's own physician), nurses, social workers, counselors, trained volunteers, and other therapists. This team makes regular visits to assess the patient and provide additional care or other services. Hospice staff is on-call for emergencies 24 hours a day, seven days a week. Bereavement care and counseling to surviving family and friends are also part of hospice care.

The first hospice program opened in North Carolina in 1979. There are now approximately 80 hospice programs providing hospice care in all 100 counties in the state. The increase in hospice providers is associated with a growing number of persons who die while in hospice care. The number of persons receiving hospice care at the time of their death has more than doubled, from 9,246 in 1994 to 18,725 in 2004. The percentage of those who die under the care of hospice has increased from 15 percent to 26 percent of all deaths during this period. Table 1 shows the data for each fiscal year from 1994 to 2004. (The fiscal year runs from October 1 to September 31.)

